



# *COMMONWEALTH of VIRGINIA*

## *Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

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# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen Nau, Human Services Program Director

**DATE:** December 23, 2003

**SUBJECT:** Kinship Care

### General Assembly Legislation

Are your grandparents raising grandchildren tracking 2004 Virginia General Assembly legislation pertaining to Virginia's children? Would they like to correspond with their state legislator about a particular piece of legislation? They can contact the Virginia Kids Organization website at [www.vakids.org](http://www.vakids.org) to check on the organization's legislative agenda. If you click on Legislation at the website, you can view a brief PowerPoint presentation that gives an overview on how to use the website and send email messages to state legislators. If you have questions about how to use the site, contact Margaret Crowe at [Margaret@vakids.org](mailto:Margaret@vakids.org).

### New Curriculum for Parents of Children with Disabilities

The Ohio Department of Aging, under a grant from HHS has developed "Double Jeopardy" a curriculum to help family members plan a secure future for children with mental retardation or other developmental disabilities. The curriculum, created in Microsoft PowerPoint contains content areas on: aging and disabilities, aging and developmental disability resources, and life planning and estate planning

The manual is appropriate for family members, agency staff and other professionals and can be revised for states other than Ohio. Contact [www.aging.ohio.gov/djcurriculum.html](http://www.aging.ohio.gov/djcurriculum.html) to order a copy. Cost of the curriculum is \$30 plus \$10 for shipping and handling.

SUBJECT: Kinship Care  
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Legacy Bill provisions Become Law

President Bush has signed into law as part of the American Dream Downpayment Act certain provisions of the Legacy Bill concerned with housing for grandparents raising grandchildren. These provisions include:

1. A grant program for intergenerational housing,
2. Training for the staff of the Department of Housing and Urban Development about grandparents and other relatives raising children, and
3. A national study of the housing needs of grandparents and other relatives raising children.

Kinship Care Initiative Statewide Task Force and Information Network will meet on Thursday, January 29, 2004 at 10 A.M. in the Virginia Department for the Aging Conference Room. Agenda items? Forward to: <mailto:ellen.nau@vda.virginia.gov>.

# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** E. Janet Riddick

**DATE:** December 23, 2003

**SUBJECT:** Medicare Rx Bill

President Bush signed the *Medicare Prescription Drug Improvement and Modernization Act of 2003* into law on December 08, 2003. This law contains many provisions which may have a profound impact on the seniors we serve. The major provisions of the law will be phased-in over the next seven years.

At the Virginia Coalition on Aging Legislative Conference, Bob Blancato shared information from the publication *CQ Today* that provided an excellent overview and timeline. I have attached a version of this information that is based upon the same *CQ Today* article.

I have already sent the initial training document that the Centers for Medicare and Medicaid Services (CMS) issued to your VICAP coordinators. We anticipate an increased level of activity during the first half of 2004 as we move toward the national roll-out of the Medicare "endorsed" prescription drug discount cards. We will continue to forward information to AAAs as it is received from CMS.

I hope each of you, your family, and loved ones have a safe and happy holiday season.

Attachment

# Timeline of Highlights of the Medicare Overhaul:

## Changes Beginning in 2004

### Temporary Rx drug discount card

- Seniors can buy discount cards for beneficiaries in April 2004, which can provide savings from 15-25% per prescription until the permanent benefit is established in 2006.
- Low-income beneficiaries get \$600 in annual assistance in 2004-5.

### Hospitals

- For fiscal 2004, the rate of change in payments to hospitals would match the rate of change in the price for a “market basket” of certain goods used by hospitals.
- For fiscal year 2005, 2006 and 2007, hospitals would have to furnish information on quality to the Centers for Medicare and Medicaid Services, or face reductions in payments.
- The bill calls for an 18-month moratorium of the self-referral whole hospital exemption for new specialty hospitals -- not including existing hospitals or those under construction.

### Payments to physicians

- The bill would block 4.5% planned cut in 2004 and again in 2005. Instead, doctors would receive at least 1.5% increase in 2004 and 2005.

### Durable equipment (crutches, walkers, etc.)

- Rates would be frozen from fiscal year 2004 to 2006.
- Competitive bidding in the 10 largest metropolitan statistical areas would begin in 2007, to have 80 such areas in 2009.

### Laboratory payments

- Payment rates to laboratories would be frozen for five years.

### Home health care

- Requires no co-payment, (same as current law).
- Provides a 5% bonus for rural home health care providers for one year, from April 04-April 05.

### Cost containment attempts

- Any year general revenue under the plan exceeds 45% of Medicare spending, the president is required to reduce spending by either increasing rates and/or decreasing services for seniors.
- This review and re-working of spending and services would be automatic under this bill, surprising many seniors each year when a mandatory cut is likely.
- This is the first time a federal program is subject to such an arbitrary cap in spending; no other federal spending is subject to such a cap.

### Rural package

- Higher payments would be made to rural and small urban hospitals that have a disproportionate share of low-income patients. The bill would supposedly adjust payments to hospitals in outlying areas that have a low volume of patients.

### Health savings accounts

- Law establishes health savings accounts (HSAs) allowing any taxpayers with a high-deductible health insurance plan to save and withdraw money tax-free to pay for medical expenses.
- Individuals could contribute an amount equal to the amount of their deductible. The annual maximum that could be contributed is \$2,600 for a self-only policy and \$5,150 for a family policy. These amounts would be indexed annually for inflation.

## Drug importation

- The bill would effectively ends re-imported drugs from Canada, (it would be at discretion of HHS secretary, who has already said he won't allow it).

## Changes Beginning in 2006

### Prescription drug benefit

- The government would pay 75 percent of the cost of drugs annually, up to \$2,250. Once the senior has paid \$3,600 out of pocket, the government would pay 95 percent of the cost of drugs.

### Low-income assistance

- Seniors on Medicare and Medicaid would have access to the Medicare drug benefit.
- Beneficiaries with incomes up to 150% of the poverty level (now \$27,600 for a family of four) would get a benefit with no gaps in coverage but would be subject to premiums based on a sliding scale and co-payments.

### No Medigap coverage for Rx drugs

- After Jan. 1, 2006, plan prohibits sale of Medigap policy to help seniors cover drug costs.

### Company provided retiree coverage

- Companies would receive \$70 billion in subsidies and tax brakes over 10 years to encourage them to continue offering health care for their retirees. (But as prices skyrocket, there is no incentive for them to keep offering those benefits.)

## Changes Beginning in 2007

### Income perimeters for Medicare Part B

- After a five-year phase-in beginning in 2007, Part B Medicare premiums would be subsidized on the following schedule:

<i>Singles income</i>	<i>Couples income</i>	<i>Premium subsidy</i>
Under \$80,000	Under \$160,000	75%
\$80,000 to \$100,000	\$160,000 to \$200,000	65%
\$100,000 to \$150,000	\$200,000 to \$300,000	50%
\$150,000 to \$200,000	\$300,000 to \$400,000	35%
Over \$200,000	Over \$400,000	20%

## Changes beginning in 2010

### Competition, Privatization of Medicare

- Private insurers would be able to begin bidding to serve Medicare beneficiaries in geographic regions beginnings in 2006. Payment rates would be based on a blended average of the bids.
- The traditional Medicare system would compete with private plans in up to six metropolitan statistical areas beginning in 2010.

(Excerpted largely from *CQToday*, Tuesday, November 25, 2003)

# *COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## **MEMORANDUM**

**TO:** AAA Directors

**FROM:** Bill Peterson

**DATE:** December 23, 2003

**SUBJECT: Revisions to APS Policy**

Attached are recent revisions approved by the state DSS board to Adult Services/Adult Protective Services policy (Volume VII, Section IV, Chapters A through E). I have attached the DSS manual transmittal which discusses the changes. The actual revised chapters will also be available on the Adult Services website at: [http://www.localagency.dss.state.va.us/divisions/dfs/as/as\\_policies.html](http://www.localagency.dss.state.va.us/divisions/dfs/as/as_policies.html) in the near future. The new policy is effective beginning January 1, 2004.

Questions should be directed to Ms. Terry A. Smith, Adult Services Program Manager, at 804-726-7538.

Attachment

DATE: January 1, 2004

FOR: Volume VII Distribution

Family Services Manual – Volume VII

Transmittal # 196

### REVISIONS TO ALL OF SECTION IV, CHAPTERS A through E

The following revisions are made to Section IV, Adult Services Programs.  
Please delete the entire Section IV and replace with the attached new policy.

Section & Chapter	Remove & Destroy	Insert Attached Pages	Significant Changes
Section IV, Chapter A	Entire Chapter	Table of Contents, pages 1-15	Replaces references to the <i>Code of Virginia</i> , § 63.1, with the recodified § 63.2.
			Modifies definitions for Adult Services (AS) so that “an impaired adult” has the same meaning as “an adult with a disability” to coincide with language used in practice.
			Changes references to “adult care residences (ACRs)” to “assisted living facilities (ALFs).”
			Adds web site addresses for several forms.
			Changes “adult foster/family care” to “adult foster care.” This is a result of a national trend to call this type of care “adult foster care.” In the previous terminology, “adult family care” meant care reimbursed through an Auxiliary Grant (AG); “adult foster care” meant care reimbursed through Social Services Block Grants (SSBG). The Budget Office has indicated that local agencies are not using the SSBG payment system for adult foster/family care. Therefore, all care that has been called “adult foster care” or “adult family care” will now be called “adult foster care,” regardless of payment source.
			Replaces forms so that current versions are included.



Section & Chapter	Remove & Destroy	Insert Attached Pages	Significant Changes
			Clarifies the role of local departments of social services (LDSS) and domestic violence prevention services.
			Adds regulations applicable to AS Programs.
			Reorganizes chapter, adding a section on organization of the Department of Social Services and consolidating AS and adult protective services (APS) philosophy and definitions.
Section IV, Chapter B	Entire Chapter	Table of Contents, pages 1-160	Replaces references to the <i>Code of Virginia</i> , § 63.1, with the recodified § 63.2.
			Adds APS Code citations due to recodification changes.
			Revises, consolidates, and regroups policy sections to eliminate duplication.
			Policy layout follows case management process: reporters, validity criteria, intake, investigation, disposition, notifications, service planning, evaluation, closure and/or transfer.
			Consolidates a description of all legal actions into one section.
			Clarifies actions needed for disposition of “need for protective services no longer exists.”
			Clarifies annual guardian reporting procedures.
			Adds criminal code citations for APS.
			Reorders/reorganizes appendices and adds samples of notification letters.
Section IV, Chapter C	Entire Chapter	Table of Contents, pages 1-17	Replaces references to the <i>Code of Virginia</i> , § 63.1, with the recodified § 63.2.
			Modifies definitions for AS so that “an impaired adult” has the same meaning as “an adult with a disability” to coincide with language used in practice.
			Changes references to “adult care residences” to “assisted living facilities.”
			Clarifies what is meant by “beginning date of service.”
			Adds section on fraud on the part of the adult or the vendor.
			Clarifies that DMAS will reimburse screenings and assessments that are conducted in good faith will be reimbursed.
			LASER definitions are added.

Section & Chapter	Remove & Destroy	Insert Attached Pages	Significant Changes
			An expenditure section is added. LDSS are encouraged to use their AS funding allocation or return it for reallocation.
			House Bill (HB) 2775 amended the <i>Code of Virginia</i> regarding annual guardianship filing fees. Effective July 1, 2003, this bill requires that the \$5 filing fee that accompanies annual guardianship reports to be retained by the LDSS in the jurisdiction where the fee is collected and be used in the provision of services to protect vulnerable adults and prevent abuse, neglect, and exploitation of vulnerable adults. This bill redirects the fee to the LDSS rather than to the state treasurer. The LASER cost code to be used is 89503, APS Guardianship Fees. The project code is 90341, the program code is 49004, expenditure type is "R" (receipt), and the account number is 40895. LDSS should use funds in this cost code for services to adults in the same manner that funds are used in 89501 for services to vulnerable adults served through APS.
Section IV, Chapter D	Entire Chapter	Table of Contents, pages 1-26	Replaces references to the <i>Code of Virginia</i> , § 63.1, with the recodified § 63.2.
			Changes references to "adult care residences" to "assisted living facilities."
			Changes "adult foster/family care" to "adult foster care." Expanded this section to include requirements similar to those in an ALF where appropriate, including the prohibition of admission and continued stay of adults with a prohibited condition.
			Adds policy for when the adult lives with a friend, relative, roommate, or other housing situation and not in his or her own home.
			Deletes section on Developmental Day Programs.
			Condenses section on ALF placements; this process is detailed in the <i>Virginia Assisted Living Facility Assessment Manual</i> that is available online.
			Per DMAS policy changes, revises section for when local departments do not have nursing facility preadmission screening responsibilities, such as when an adult is receiving nursing

<b>Section &amp; Chapter</b>	<b>Remove &amp; Destroy</b>	<b>Insert Attached Pages</b>	<b>Significant Changes</b>
			facility services and transfers to a Medicaid community-based waiver service.
			Updates section on long-term care coordinating committees.
Section IV, Chapter E	Entire Chapter	Table of Contents, pages 1-35	Replaces references to the Code of Virginia, § 63.1, with the recodified § 63.2.
			Adds web site addresses for several forms.
			Changes “adult foster/family care” to “adult foster care.”
			Replaces forms so that current versions are included.
			Adds definitions of abuse, neglect, and exploitation.
			Adds that adult provider requirements apply to subcontractors as well as the provider.
			Includes information on handling medications.
			Includes statement that the adult provider must be able to meet the adult’s needs before care can be provided.
			States that adult foster care providers must ensure that adults have adequate clothing.
			Adds section on fraud.

For questions about these revisions, please call Ms. Terry A. Smith, Adult Services Program Manager, at 804-726-7538, Ms. Marjorie Marker, Adult Services Program Consultant, at 804-726-7536, Ms. Cindy Lee, Adult Services Program Consultant, at 804-726-7535, or one of the Family Services Specialists:

Dorothy Endres at 757-491-3980  
Barbara Jenkins at 804-662-9783  
Carol McCray at 276-676-5636  
Bill Parcell at 540-857-7448  
Richard Pyle at 804-662-9786  
David Stasko at 540-347-6313

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Ray C. Goodwin, Acting Director  
Division of Family Services

Attachments

# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Carol Cooper Driskill

**DATE:** December 23, 2003

**SUBJECT: Final Meal Counts – Fiscal Year 2003 (Due January 16, 2004)**

We are in the process of compiling Final Meal Counts for Nutrition Services Incentive Program (NSIP – previously USDA) for Fiscal Year 2003 (October 1, 2002 – September 30, 2003). **Please remember that this information will be the basis for allocation of funds to AAAs in Fiscal Year 2005.** Funding to AAAs in Fiscal Year 2004 will be based on meals served in Fiscal Year 2002.

This year I am handling the Final Meal Count Certification process differently than in the past. On the Certification Form, please report and certify the number of NSIP Eligible Congregate Meals Served and the number of NSIP Eligible Home Delivered Meals Served, along with the Total Number of NSIP Eligible Meals Served. **Then attach a copy of your AIM VA95 Report for the time period October 1, 2002 – September 30, 2003.** This number should be the same as the AMR total for the same time period. All of the numbers should match. **Please attach an explanation if the numbers do not match.**

**It is the intention of VDA to use the AIM VA95 Report for the Certified Final Meal Count for Fiscal Year 2004.**

For your convenience, I have included excerpts from the VDA Service Standards regarding eligibility and Nutrition Services Incentive Program (NSIP).

SUBJECT: Final Meal Counts – Fiscal Year 2003 (Due January 16, 2004)

Page 2 of 2

Regarding meals provided under Title III-E National Caregiver Support Program – this year only, meals may be included in the count for Eligible Congregate or Eligible Home Delivered Meals *as long as the person receiving the meal meets eligibility requirements* under those programs. If an individual was provided with a meal, but is not eligible to receive the meal under Congregate Nutrition Services or Home Delivered Nutrition Services, DO NOT include that meal. As a reminder, Title III-E National Caregiver Support Program meals are tracked separately for Fiscal Year 2004.

Please contact me by telephone (804-662-9319) or email ([carol.driskill@vda.virginia.gov](mailto:carol.driskill@vda.virginia.gov)) with any questions.

Certified information is final and will not be changed after it is sent to VDA. **Please mail or fax the completed Certification Form to Carol Driskill at (804) 662-9354 prior to Friday, January 16, 2004.** Thank you for your timely assistance with this matter.

**Certification**  
**AAA Final Meal Count – Fiscal Year 2003**  
October 1, 2002 – September 30, 2003

**Number of NSIP (USDA) Eligible Meals Served**

Please attach copy of AIM VA95 Report for 10/1/02 – 9/30/03

Number of **NSIP Eligible Congregate** Meals Served: \_\_\_\_\_

Certified Number matches AIM VA95 Report: Yes\_\_\_\_ No\_\_\_\_\*

\* Explanation attached

Number of **NSIP Eligible Home Delivered** Meals Served: \_\_\_\_\_

Certified Number matches AIM VA95 Report: Yes\_\_\_\_ No\_\_\_\_\*

\* Explanation attached

**Total Number of NSIP Eligible Meals Served:** \_\_\_\_\_

**Note that the Number of NSIP Eligible Meals Served is final and may not be  
changed after certified data is sent to VDA.**

**An explanation must be attached if “No” was checked above**

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

PSA No.: \_\_\_\_\_

Date: \_\_\_\_\_

## **VDA NUTRITION SERVICE STANDARDS – ELIGIBLE POPULATION**

### **Congregate Nutrition**

**Eligible Population** –Congregate Nutrition Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with preference to low- income minority individuals and to those older persons residing in rural or geographically isolated areas. In addition to meeting established eligibility, individuals must be mobile, not homebound, and physically, mentally and medically able to attend a congregate meals program in accordance with written Area Agency on Aging (AAA) guidelines.

Other individuals eligible to receive a congregate meal include:

- The recipient's spouse, regardless of age or disability
- Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided
- At the discretion of the AAA, individuals with disabilities, regardless of age, who reside at home with and accompany older eligible individuals to the congregate site
- At the discretion of the AAA, individuals, regardless of age, providing volunteer services during the meal hours

### **Home Delivered Nutrition**

**Definition of Homebound:** Someone unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. The recipient may be able to go to medical appointments, but probably needs escort assistance. A client without access to adequate nutrition and for whom transportation to a congregate site is unfeasible may be considered homebound.

**Eligible Population** – Home Delivered Nutrition Services are targeted to persons 60 years of age or older and homebound. Priority shall be given to older individuals with greatest economic and social need, with preference to low-income minority individuals and to those older persons residing in rural or geographically isolated areas.

Eligibility criteria includes:

- The individual must be homebound as defined above
- The individual must be unable to prepare meals and have no one available to prepare meals.
- The individual must be able to remain safely at home, with home delivered nutrition as a support service.

Other individuals eligible to receive home delivered nutrition services, include:

- The recipient's spouse, regardless of age or disability
- At the discretion of the AAA, an individual with disabilities, regardless of age, who resides at home with the recipient over age 60 who receives a home delivered meal.

### **Congregate and Home Delivered Nutrition**

The AAA shall establish procedures for offering a meal on the same basis as meals are provided to participating older individuals, to other eligible individuals listed above. There is no prohibition against providing services to persons under age 60 with funds from other sources.

## **VDA SERVICE STANDARDS NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)**

### **Congregate Nutrition Service**

Congregate Nutrition Service providers receiving Older Americans Act funds may participate in the Nutrition Services Incentive Program (previously USDA commodity food/cash distribution program). To be counted as an eligible meal, and therefore, receive NSIP reimbursement, the following requirements must be met:

- The person receiving a meal must meet eligibility requirements under Older Americans Act
- The participant or other eligible individual (not a volunteer) must be assessed using Uniform Assessment Instrument pages 1 – 3 minimum, “Determine Your Nutritional Health” Nutrition Screening Checklist, and Federal Poverty/VDA Sliding Fee Scale (unless all information needed to determine federal poverty is documented on UAI). Cost sharing does not apply to this service
- For an individual who provides volunteer services during the meal hours (not a site participant) and receives a congregate meal: the full legal name and service units (collected at least on a monthly basis) must be entered into AIM; the Social Security number is recommended but not required.
- The participant may make a donation, but cannot be charged for the meal, means tested for participation, or asked for a cost-share
- The AAA or service provider shall have a record keeping system that tracks frequency of participation and generate unduplicated count information (match the participant’s name with their meal)
- The meal must meet RDA and Adequate Intake (AI) requirements and Dietary Guidelines defined above
- Snacks, partial meals and second helpings cannot be counted as a “meal” for reporting purposes
- Congregate meals programs are authorized to serve two- and even three-meal a day programs and each meal can be reported for reimbursement purposes.
- Cash disbursements received under the Nutrition Services Incentive Program (NSIP) shall only be used to purchase United States agricultural commodities and other foods for their nutrition projects.

Agencies are not eligible to receive Older Americans Act funding for meals nor eligible to receive funding under NSIP if the agency:

- Is an adult day care agency that charges for meals in an adult day care facility as part of the total package of services
- Is an adult day care agency that provides meals funded by the USDA Child and Adult Care Food Program and reports the same meal to both programs
- Is an adult day care agency that provides meals funded through a Medicaid Waiver program

The meal is eligible if an adult day care provides meals only with Older American Act and matching funds.

Congregate meals provided to resident(s) living at an Assisted Living facility (previously called Adult Care Residence) and receiving Auxiliary Grant are not eligible for NSIP funding. The Assisted Living must reimburse the AAA for the cost of the congregate meal if Older Americans Act funds are used. The AAA should develop a written agreement with each facility indicating the



cost of each meal and specifics about how payment will be made. Each AAA should have a written policy regarding attendance of Assisted Living residents at congregate nutrition sites.

### **Home Delivered Nutrition Service**

Home Delivered Nutrition Service providers receiving Older Americans Act funds may participate in the Nutrition Services Incentive Program (previously USDA Commodity Food/Cash Distribution Program). To be counted as an eligible meal, and therefore, receive NSIP reimbursement, the following requirements must be met:

- The person receiving a meal must meet eligibility requirements under Older Americans Act
- The client or other eligible individual must be assessed using Part “A” Uniform Assessment Instrument, “Determine Your Nutritional Health” Nutrition Screening Checklist, and Federal Poverty/VDA Sliding Fee Scale (unless all information needed to determine federal poverty is documented on UAI).
- The client may make a donation, but cannot be charged for the meal, means tested for participation, or asked for a cost-share
- The AAA or service provider shall have a record keeping system that tracks frequency of participation and generate unduplicated count information (match the client’s name with their meal)
- The meal must meet RDA and Adequate Intake (AI) requirements and Dietary Guidelines defined above
- Snacks and partial meals cannot be counted as a “meal” for reporting purposes
- Home Delivered Meals programs are authorized to serve two and even three-meal a day programs and each meal can be reported for reimbursement purposes
- Cash disbursements received under the Nutrition Services Incentive Program shall only be used to purchase United States agricultural commodities and other foods for their nutrition projects.